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|---|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |   | Docket Number (Optional)<br>29206-00029USPX |                         |
| Application Number<br>09/772621-Conf. #3018   |   | Filed<br>January 30, 2001                   |                         |
| For<br>VOICE ACTIVATED ELECTRONIC DEVICES (AMENDED)   |   |   |                         |
| Art Unit<br>2683  |   | Examiner<br>S. K. Rampuria                  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |   |                         |
|   |   | <u>Fee</u>                                  | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$110.00                                    | \$55.00 \$              |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$420.00                                    | \$210.00 \$             |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))  | \$950.00                                    | \$475.00 \$ 950.00      |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1,480.00                                  | \$740.00 \$             |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2,010.00                                  | \$1,005.00 \$           |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>10-0447</u> . I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a) <u>47,764</u>   |   |   |                         |
| <u>Michael W. Maddox</u><br>Signature   |   | <u>9-21-04</u><br>Date                      |                         |
| <u>Michael W. Maddox</u><br>Typed or printed name   |   | <u>(214) 855-4614</u><br>Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below  |   |   |                         |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |   |                         |

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 21 Sep 2004 Signature: Carol Martin (Carol Martin)